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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6144 CERTIFICATE OF DEATH

06127

							Keg. Dist. No.	
1. PLACE OF DEATH o. COUNTY	Somerset	MARYLAN	II A STATE	Maryla		d. If institution b. COUNTY	Somerse	
b. CITY OR TOWN RURAL and give	(If outside corporate limits, v	c. LENGTH OF STAY IN 1	1b c. CITY OI	Rumble		imits, write RU	RAL and give nea	prest fown)
d. NAME OF HOSP OR INSTITUTION	Rural	street oddress)	d. STREET	ADDRESS Rural				ON A FARM?
3. NAME OF DECEASED (Type or print)	CLIFFORD	) COLLINS	DI		OF DEATH	May 3,	n Da	y Year 1958
5. SEX Male	7 22. J. A	MARRIED TO NEVER MARRIED DOWED DIVORCED				GE (In years by birthdoy)	Manths Days	Hours Min.
10a. USUAL OCCUPAT during most of we Steamf	rking life, even if refired)	10b. KIND OF BUSINESS OR IN Contracting			foreign country		12. CITIZEN O	F WHAT COUNTR
13. FATHER'S NAME			14. MOTHER	S MAIDEN NA	ME			
	George E. Di	.20	Hud	chie Ty	yler			
15. WAS DECEASED EV (Yes, no. or unknown) Yes	ER IN U. S. ARMED FORCES  (If yes, give wor or dofter of service  WW II		7. INFORMANT Mrs. Elle	M. Di:	ze, Rumi	Addre		
Conditions, if gove rise to couse (o), stoting lying couse lost  Part 11. O	immediate DUE TO	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMINA	AL DISEASE COI	NDITION GIVE	N IN PART 3(0) 1	PERFORMED?_
CONTRIBUTION	AS UNDERLYING [] 206	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature	of injury in Par	t I ar Part 11 af	item 18.)		YES NO
20c. TIME OF INJU Hour a. m. p. m.		20d. INJURY OCCURRED 20e. While Not while of work at work	PLACE OF INJURY factory, street, affi		20f. (City or to	wn)	(County)	(State
21. 1 certify to alive on	hat I attended the de May 3	ceased from June 5	ath occurred o	7A	May 3 M, from the ORESS (Street, Quarte	couses or	id on the dat	the decease stated above DATE SIGN
	Everett C. Su				Quarte			
Burial Specify	May 6, 195				d. LOCATION	nt, Md.		(State)
Bradahau	's Signature	ADDRESS offold Md		240. REC'D.	BY REGISTRAR	24b REGIST	RAR'S SIGNATUR	E

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: D HOSPITAL OR ATTENDED TO the property of the contending physician.

May be retoined by the pilot or attending physician.

D FUNEXAL DIRECTOR: For this certificate has been signed by the attending physician and completely filled in by the function of property. For the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use on the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use on the burial property of the property within 72 hours often death. may be retained by the VS A15 (4) 15M 10/57

MEANING ENAMINES OF THE PARTY O Sparred Hard Ball Code (4.1) bookers spokens national and tell . Treed to A STATE OF THE STA and the state of the land of the same of t But the state of t The way into the and the second white a Macter ... Let a state the second state of the late o Tribley Same drightly M.

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by be retained by the pitol or attending physician.	FUNERAL DIRECTOR: or this certificate has been signed by the ottending physician and completely filled in by the fune. Sines	age 3 should be detached for use as the burial-transit permit. Then please remane carbon papers. Pages 1 and 2 should be filed a	e registror prior to buriol, cremation, or remaval, and in any event within 72 hours after death.

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8145 CERTIFICATE OF DEATH

06128

		730					Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Somerset	MÄRYI		USUAL RESIDENCE (WHO STATE MARY)		ived. If institution b. COUNTY	Residence Somer		ion)
b. CITY OR TOWN (If a RURAL and give neo	outside corporate limits, writes town! Mt.e. Vernon	ile c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF o		e limits, write RI	JRAL and give	e nearest town	1)
OR INSTITUTION	L (If not in hospital, give st	reel oddress)	1	d. STREET ADDRESS RFD		*****			FARM?
3. NAME OF DECEASED (Type or print)	WILLIAM			ONALDS	4. DATE OF DEATH	May	10,	,	Yeor 19 58
Male	White win	AARRIED NEVER MARRIE	F	eb. 6, 1902		AGE (In years last birthdoy) 50 yrs.		YEAR IF UNDE	R 24 HRS. Min.
Laborer	I (Give kind of work done g life, even if retired)	Farm (not o		Chance, M			US US	A OF WHAT	COUNTRY
13. FATHER'S NAME	-		1	. MOTHER'S MAIDEN N			-		
	Henry Oscar			Cora Mist	er				
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? yes, give wor or dutes of service] None	None	Mrs.	Ina Collin	s, Mt.	Vernon,			
PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (o)  DUE TO  , which (b) mediate	er line for (o). (b). and (c).] Congestive h Arteriosele	eart :		50		ll mon	year	DEATH S
PART II. OTHER	UNDERLYING 206.	NS CONTRIBUTING TO DEA					EN IN PART 1	(o) 19. WAS PERFO	RMED?
20c. TIME OF INJURY Have a. m. p. m.	Month, Day, Year 20	od. INJURY OCCURRED hile Not while work of work	20e. PLACE factory,	OF INJURY (Home, form, street, office bldg., etc.	20f. (City or	lown)	(Cou	inty)	(Stote)
ative an 5 a	l attended the decisions 10058	9 and that		Dames Qu	M, from t	the causes a of, city or town, s Marylan	nd an the	date state	ed abave
220. BURIAL, CREMATION, REMOVAL (Specify)		22c. NAME OF CEME		EMATORY		N (City, town, o	r county)	(Stote	e)
23. FUNERAL DIRECTOR'S	May 12, 1958	S Chance Me	choal		Chance	-	TO LOIS SIGN	+ THE	
		risfield. Md.			MAY 1 6		TRAR'S SIGN	ATURE	

HE SHOWING ALL SET MADE OF THE THE THE SEA STATE OF MALE WAS IN AY AND TO STADIFICATE OF DEATH the state of the s and the contract of the contract of Laborated Charles out of the Sanda Sanda Sandard than their Ca Otta M. Alberton Milliam Alfred Inc. That follows II entited desired extremely to the state of the empered from nitraterated The state of the s H P . . . read each enterior next Andrews - test at 1 254.7 

ARYLAND	STATE	<b>DEPARTMENT</b>	OF	HEALTH—BALTIMORE,	18
	L	TENTIFIC A TE	0-	DEATH	

6137 CERTIFICATE OF DEATH

Reg. Dist. No. 6129

	PLACE OF DEATH		2. USUAL RE	SIDENCE (W	here deceased I	ived. If instituti	on: Residence	before adm	nission)
Ľ	SOMERSET	MARYLAND	o. STATE	MARY	LAND	b. COUNTY	Som	ERSE	T
	CRISTIELD	c. LENGTH OF STAY IN 16	c. CITY O	~	outside carpora	te fimits, write R	URAL ond gi	ve negresi id	own)
	d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET	T ADDRESS					RESIDENCE
E	DW. W. MCCREADY ME	Mo. Hosp.	1	153	SOUTH	Four	H ST		NO A
3.	NAME OF First DECEASED (Type or print) PRINCETO	Middle Middle	Doug	iost	4. DATE OF DEATH	May	th	Doy 3	Year 19 58
5. 5			B. DATE OF BI		9	22000	THE UNDER T		NDER 24 HRS
	MALE NEGRO WIDOW		JUNE	7,	1907	AGE (In years last birthday)  50 yrs.		Doys Hou	
	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  A TERMAN	SEAFOOD	JSTRY 11. BIRTH	20	LAND	niry)	12. CITIZ	U.S.	A.
13.	FATHER'S NAME		14. MOTHE	R'S MAIDEN	NAME				
	SAMUEL DOUGLAS			CORA	SUTT	ON			
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress		
1.4	(If yes, give wor or deten of service)	13-10-7266	JOHN B	OWMA	N, 20	3 S. S	SEVEN	TH S	T .
	PART I. DEATH Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gave rise to immediate cause (o), storing the under-lying couse fost.  (c)	gentime.	Carol	n ha w - Va	ge.	Din	Ti ha	ONSET AT	BETWEEN NO DEATH LESTER
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS O						'EN IN PART	PER	S AUTOPSY FORMED?
-	206. ACCIDENT WAS UNDERLYING   206. DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter nature	of injury in	Port I or Port I	l of item 18.)			
MEDICAL	Hour a.m. While	NJURY OCCURRED 20e. P Nat white fo	LACE OF INJUR sclory, street, of	Y (Home, forn fice bldg., etc	m, 20f. (City o	r town)	(Co	ounty)	(Stole)
	21. I certify that I attended the decease alive an May 4, 19.3  ACTUAL SIGNATURE A. N. BANAME (Type) DR. A. N. BANAME (Type)	$\mathcal{L}$ , and that death		CRI		the causes of the course of th	and an the	e date st	ne deceased ated above DATE SIGNED
	BURIAL CREMATION, 226. DAYE THEREOF	224 NAME OF CEMETERY OF	OR CREMATORY		Crisi	ON (City, town, o	SON	1,00	MD
23.	FUNERAL DIRECTOR'S SIGNATURE	Makion Sl	a MD	240. REC	D BY REGISTRA	0	TRAR'S SIGN	NATURE	

CETATO MITARE STEAM FOR EXTENDING TO THE TOTAL PROPERTY. . . .

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6138 **CERTIFICATE OF DEATH**  Reg. Dist. No. 06130

o. COUNTY	Somerset		, à MAR	YLAND	2. USUAL RES	Maryle		ived. If institution b. COUNTY		erset	admiss	ion)
b. CITY OR TOWN RURAL and give	(If outside corporate limine nearest town) Crisfield	its, write	c. LENGTH OF STATE		c. CITY OR	TOWN (If or		le limits, write R	URAL and	give neare	s) fawn	)
d. NAME OF HOS	DOA McCreac				d. STREET		ichards	on Ave.				DENCE FARM? NO 16
3. NAME OF DECEASED (Type or print)	Fie EVA		MAE	e	FOR	D D	4. DATE OF DEATH	Mon	A.	Day		reor 19 58
5. SEX Female	6. COLOR OR RACE White	7. MARRI WIDOWE	ED NEVER MARK	1,000	April		74 9	AGE (In years last birthday)	Months	Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPA' during most of wi Housew:	TION (Give kind of work prking life, even if retired ife	)   _	or Business with home	OR INDUS			Maryle		12, CIT	USA	WHAT	COUNTRY
13. FATHER'S NAME					7	S MAIDEN N						
	Raleigh H	arks			Aure	lia Lav	Wson					
IS. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16. 1	None		FORMANT	Smith,	109 R	chardso		isfi	eld,	, Md.
Conditions, if gave rise to cause (a), statin lying cause las	g the under-	Va	acutar .	W-	siere	Imfa ocole	ro te	Carol	io -	Kin S	1/2	DEATH Lister
3	LE MILLET								EN IN PAR		PERFO	NO A
	VAS UNDERLYING IN IG IN CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY (	DCCURRED	(Enter nature	of injury in P	ort 1 or Part ()	of item 18.)				
Z 20c. TIME OF INJU G Hour a. m p. m	10	20d. IN White at work	Not while of work	20e. PLA foci	CE OF INJURY ory, street, affin	(Home, form, ce bldg., etc.	20f. (City o	r lown)	{<	County)		(Stale)
ACTUAL SIGNATURE	that I attended the	r, M.	)2.0. D.	t death	i.D	Cri	field,		nd an ti		state	
22a. BURIAL, CREMAT REMOVAL (Specif BUTIAL	May 9, 1	958	Sunnyrid				Crisfi	eld, Md	er county)		(State	:)
23. FUNERAL DIRECTO	r's signature or & Sons, Cr	risfie	ADDRESS			240. REC'D	BY REGISTRA AY 1 2 '5			SNATURE		

# Jackson . was manhear to the contract filthesi greed at 177 Mar of the Amilyens obstituted - corps: aligned to the corps did a corps of the corps of Fighters Fil A profession caches salerens | bear of the Tarest the called the second of walls of

VS A1S (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6146

CERTIFICATE OF DEATH

06131

						Reg. Dist.	1401	
LACE OF DEATH	merset	MARYLAND	2. USUAL RESIDENCE IN a. STATE	Tana	ived. If institution b. COUNTY	Some	rset	ision)
CITY OR TOWN (I	If outside corporate limits, write earest lown) Anne, Mo	c. LENGTH OF STAY IN 16	'				e nearest low	n)
I. NAME OF HOSPIT OR INSTITUTION	FAL (If not in hospital, give street	oddress)	d. STREET ADDRESS			1	ON	SIDENCE A FARM?
PECEASED	Edward	James	Hall Jr.	4. DATE OF DEATH	May	th	Doy 18	Year 19 58
male	white widow	ED DIVORCED		86	59 yrs.			-
during most of work  X Assess	ON (Give kind of work dane 10b king life, eyen if retired)	. KIND OF BUSINESS OR IND CO	USTRY 11. BIRTHPLACE (Stote	ar foreign cour nd	יווא)			T COUNTRY
Edward J	ames Hall Sr	•	Ella Nob	ole				
no, or unknown)	(If yes, give war or dates of service)	20-32-1017E		D. Da				
			lusion	•			ONSET AND	DEATH
gove rise to i cotse (a), staling	mmediate Dis TO	Arterioseler	osis heart di	20250			year	rs
PART II. OTI						EN IN PART 1	PERF	AUTOPSY ORMED?
OR CONTRIBUTING	CAUSE OF DEATH	SCRIBE HOW INJURY OCCUR	CD. (Enter notice or injury in	roll to roll ii	i Ci (lenii Is.)			
20c. TIME OF INJUR Hour a. m. p. m.	White	Not while_			r town)	(Cou	inty)	(State)
		St., and that deal	th occurred at 1146	P.M. fram ADDRESS (Street	the causes a et, city or lown,	ind on the	date stat	ed abov
				22d. LOCATIO				
THE PARTY OF THE P	D. COUNTY D. COUNTY D. CITY OR TOWN (I RURAL and give in TELL I I I I I I I I I I I I I I I I I I	D. CITY OR TOWN (If outside corporate limits, write RUFAL and give nearest town)  TAL PTINCESS Anne, Md  d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  NAME OF DECEASED (Type or print)  SEX  6. COLOR OR RACE  WIDOW  WIDOW  WITE  WIDOW  WITE  WIDOW  WITE  WIDOW  WITE  WIDOW  WAS DECEASED EVER IN U. S. ARMED FORCES?  If yes, give wor or dates of service)  PART f. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Canditions, if any, which gove rise to immediate coves (o), stating the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING CONDITIONS  21. I certify that I attended the decean conditions on the conditions of th	D. CITY OR TOWN (If outside corporate limits, write RURAL ced give nearest lown)  TRI PTINCESS Anne, Md. life  d. NAME OF MOSPITAL (If not in hospital, give street address)  NAME OF DECEASED  (If year or print)  NAME OF COLOR OR RACE   7. MARRIED   DIVORCED    OR INSTITUTION  NAME OF MOSPITAL (If not in hospital, give street address)  SEX   6. COLOR OR RACE   7. MARRIED   DIVORCED    OR INSTITUTION (Give kind of work dane of the work dane of the working life, even if retired)  X ASSESSOT, SOMETSET CO  FATHER'S NAME  Edward James Hall ST.  WAS DECEASED EVER IN U. S. ARMED FORCES? (16, SOCIAL SECURITY NO. 17, no, or unknown)   Iff year, give wor or dotes of service)   220 - 32 - 1017    IB. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]  PART f. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), stoling the underlying couse lost. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY the print of the work of the wor	D. COUNTY SOMETSET  D. CITY OR TOWN (If outside corporate limits, write RURAL ording to desire lown)  D. CITY OR TOWN (If outside corporate limits, write RURAL ording to desire lown)  D. CITY OR TOWN (If outside corporate limits, write RURAL ording to desire lown)  D. CITY OR TOWN (If outside corporate limits, write RURAL ording to desire lown)  D. CITY OR TOWN (If outside corporate limits, write RURAL ording to desire lown)  D. CITY OR TOWN (If outside corporate limits, write RURAL Ording to desire lown)  D. CITY OR TOWN (If outside corporate limits, write RURAL ORDING	D. CITY OR TOWN If outside corporate limits, write RURAL PRINCESS Anne, Md 1ife RURAL od give recorest body recore	D. COUNTY SOMETSET  MARYLAND  D. CITY OR TOWN (If outside corporate limits, write RURAL odd give nearest form)  D. CITY OR TOWN (If outside corporate limits, write RURAL odd give nearest form)  D. CITY OR TOWN (If outside corporate limits, write RURAL odd give nearest form)  D. CLITY OR TOWN (If outside corporate limits, write RURAL Odd give nearest form)  D. CLITY OR TOWN (If outside corporate limits, write RURAL Odd give nearest form)  D. CLITY OR TOWN (If outside corporate limits, write RURAL Odd give nearest form)  D. CLITY OR TOWN (If outside corporate limits, write RURAL ODD Give STATE ADDRESS  A. STREET ADDRESS  NAME OF POERTH (If not in hospitol, give street oddress)  D. CLITY OR TOWN (If outside corporate limits, write RURAL ODD Give STATE ADDRESS  D. CLITY OR TOWN (If outside corporate limits, write RURAL ODDRESS)  D. CLITY OR TOWN (If outside corporate limits, write RURAL ODDRESS  A. STREET ADDRESS  A. STREET ADDRESS  NAME OF POERTH (If not in hospitol, give street oddress)  D. COLOR INSTITUTION  D. COLOR TOWN (If outside corporate limits, write RURAL ODDRESS ADDRESS  D. CLITY OR TOWN (If outside corporate limits, write RURAL ODDRESS)  D. CLITY OR TOWN (If outside corporate limits, write RURAL ODDRESS  A. STREET ADDRESS  A. STREET ADDRESS  A. STREET ADDRESS  A. DATE  May 18 (If year on Address or Street oddress)  D. COLOR INSTITUTION  D. ADDRESS OIL TOWN (If outside corporate limits, write RURAL ODDRESS ADDRESS (Siree), city or Iown)  D. COLOR INSTITUTION (If outside corporate limits, write RURAL ODDRESS (Siree), city or Iown)  D. ADDRESS (Siree), city or Iown)  D. COLOR INSTITUTION (If outside corporate limits, write RURAL ODDRESS (Siree), city or Iown)  D. ADDRESS (Siree), city or Iown)  D. COLOR INSTITUTION (If outside corporate limits, write RURAL ODDRESS (Siree), city or Iown)  D. CO	DORSE COUNTY SOME SET COUNTY SET COUNT	D. COUNT SOMECTSET  MARYLAND  D. CITY OR TOWN (If outside corporate limits, write current for the provide corporate limits, write RURAL and give necreat for RURAL Princess Anne, Md.  A STREET ADDRESS  A STREET ADDRES

CERTIFICATE DEDICATIO a lay fore transme! thronger abonath drawl atmostsociates. In a supplication of the contract of the contr A Distance of the A. C. C. Land Street, the Street of the Street, Stre o m Im the too broad distance BOK SET VELOUE

H. Harvey Bradshaw, Crisfield, Md.

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 00199

ICA	ATE OF I	DEATH	J			Reg. Di	st. No	90.	104
AMD	2 USUAL RESI o. STATE	Paryl			f institution	_	ce befo		sion)
ч 1Ь	c. CITY OR	TOWN (IF a Crist		orote limit	, write R	URAL ond	give ne	arest faw	n)
	d. STREET A	Broad	Stre	et				ON A	SIDENCE A FARM? NO [7
	HORSEY		4. DATE OF DEATH		May	19,	De		1958
	March 8	1882		70	In years rthday) yrs	Months	Doys	Hours	ER 24 HRS Min.
INDUS		field,	Mary				USA	F WHAT	COUNTRY
	Gust:		AME						
	lls Hors	sey, B	roadw	ay,	Addi Crisi		, M	1.	
مورو	hage		ret	na	9		NO	ERVAL BE	DEATH
н вит	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDIT	ION GIV	EN IN PAR	T 1(o)	PERFO	AUTOPSY ORMED?
CURRED	). (Enter nature a	f injury in Po	ort I ar Par	t II of iten	n 18.)				
0e. PLA faci	CE OF INJURY ( fory, street, office	Home, form, bldg., etc.)	20f (Cil)	y or lown)		{	County)		(State)
19 leath	occurred at								deceased ed abave
A	A D		DORESS (5	treet, city	or tawn,		<b>A</b>		ATE SIGNED
		Cris	field						
	crematory etery			fiel	1, M	d. ,		(Sto)	(e)
		24a. REC'D	MARKG [2]	118AR 15 32	ID REGIS	STRAR'S SIG	GNATY	RE !	

DATE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06133

Rea Dist No.

	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased ived If institution; Residence before admir	is (off)
1	O COUNTY SOMETSET MARYLAND	a. STATE ND b. COUNTY SOMELS	24
	b. CITY OR TOWN (If avisede carporgia I in Is, write RURAL and give nearly) foun)  ANGKIN	c, CITY OR TOWN (If outside carporate limits, write RURAL and give neorest tow	vn)
	d NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address)	ON	SILEN F
	NAME OF DECEASED (Type or print) MAGGIE	11144 01	58
	5. SEX FEM 6 COLOR OR FACE 7. MARRIED NEVER MARRIED 1 B	June 16-1870 8 7 yes Months Doys Hours	-
1	10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUST during most at working I le, even if ref red)	MANOKIN, SOM, MD USA	COUNTRY?
/	JOHN WARD	HARITE TUIPIN	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17-18 (Yes, no, or unknown) (If yes, give war or dates of service)	ISAC T. MADDOX MANOK	IN.
	18 CAUSE OF DEATH [Enter only one couse per ine for (a), (b), and (c) ]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  Canditions, if any, which)  (b)	al failure 2. Will your your delir your	6
	(a), stating the underlying cause tast.  (b) Call Mischell  (c) Call Mischell  (d) Mischell  (e) Call Mischell  (e) Call Mischell  (e) Call Mischell  (f) Call Mischell  (government)	re Hypertensin you	امر در شری
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN  200 EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	PERFO! YES	MO D
		inter nature of intury in Port I or Port II of Item 18 }	
	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLAI Haur a. m. While Nat while at wark at wark at wark	CE OF INJURY (Home, farm, 20f (City or town) (County) ary, street, affice bldg., etc.)	(Slote)
	21. I certify that I took charge of the remains described about opinion death resulted from Notural causes Accident		d in my
	ACTUAL ON LG	CHIEF DEDICAL EVALUATION TO	IGNED
	EXAMINER'S PLATICALE	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP	
	220 BURIAL CREMATION, 22b DATE THEREOF 19 22c NAME OF CEMETERY OR BEMOVA, (Specify)	CREMATORY 728 LOCATION (City, fawn, or county) (State	· D
	23 FUNERAL DIRECTOR'S S GNATURE ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE	10.
	thatle Hi ward marior	7 MA DATE SUN 4 158 Comments	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, execute the certifical ming the word "pending" in pendil in Item, 18. Give Poges 1, 2, and 3 to the funeral directod should be forward by the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for you.

TO FUNERAL DIRECTOR "age 3 should be used as a burial-transit permit, File pages 1 and 2 with the State Baard of farm its designated agent, prior to burial, cremation, ar remarkol, and in any event within 22 hours offer death. VS A15ME 5M 2/57

117 7 1 At the state of th A with a set y in y your of all a state the state of the s

**CERTIFICATE OF DEATH** 

06134

INTERVAL BETWEEN

day

(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SOMERSET

e. IS RESIDENCE ON A FARM?

YES NO

Doy Year Month 19 58

9. AGE (In years last birthdoy) IF UNDER I YEAR IF UNDER 24 HR Months

12 CITIZEN OF WHAT COUNTRY? U.S.A.

MARYLAND GRISFIELD.

ONSET AND DEATH

PERFORMED? YES NO

(County)

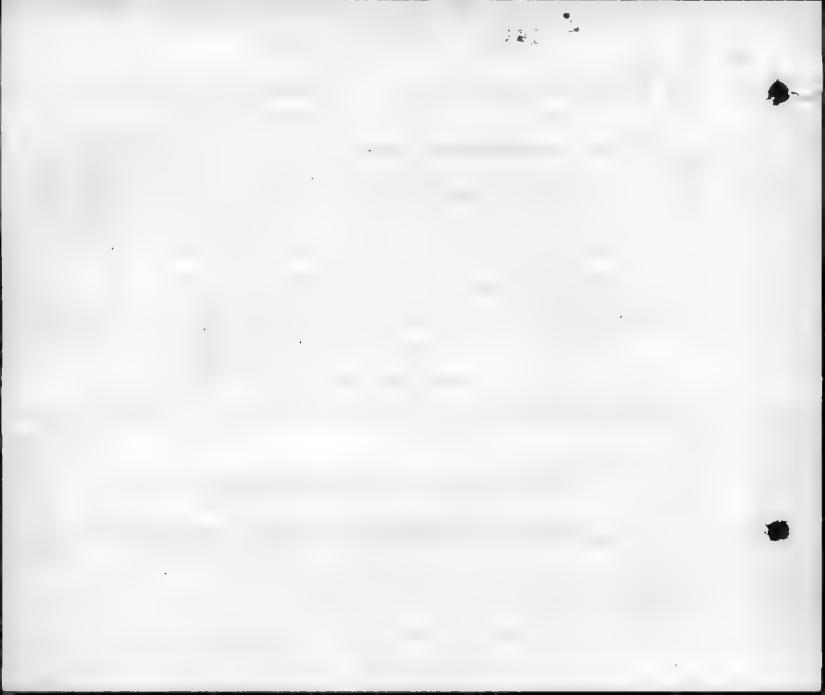
1958, that I last saw the deceased and that death occurred at 6:304 from the causes and on the date stated above. DATE SIGNED

MARION STATION, MARYLAND

MARYLAND

(State) Crisfield Maryland 246 REGISTRAN'S SIGNATURE

15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item 8, 225 Film G22 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY Maryland b. COUNTY Somerset Somerset MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest lown Cristield Cristield 40 years d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE OR INSTITUTION 9th Street 9th Street YES NO A NAME OF First - Middle 4. DATE Month Day Year DECEASED DANTEL. MURRAY (Type or print) DEATH 1958 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS birthday) Months Days Male Negro WIDOWED [ DIVORCED [ 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
Waterman Seafood Whitestone. Virginia TISA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Horace Murray Wilhemine Smith 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 219-01-0699 Fanny Murray, 9th St., Crisfield, Md. Yes 18. CAUSE OF DEATH [Enter only one couse per line for [o), (b), and (c).] INTERVAL BETWEEN pertensine arterio-relevotie ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO I 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. Not while of work of work 21. I certify that I attended the deceased from \_\_\_\_\_, 19 Othat I last saw the deceased and that death occurred at 3. M. from the causes and on the date stated above.

(Stote)

DATE SIGNED

NAME (Type)

ACTUAL

PHYSICIAN'S

BURIAL, CREMATION, 226 DATE THEREOF

C. G. Rawley, M. D.

May 7, 1958

22¢ NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery

22d LOCATION (City, lown, or county) Crisfield. Md.

23 FUNERAL DIRECTOR'S SIGNATURE

Bradshaw & Sons, Crisfield, Md.

240 MENO BY-REGISTRAR DATE

Crisfield, Md.

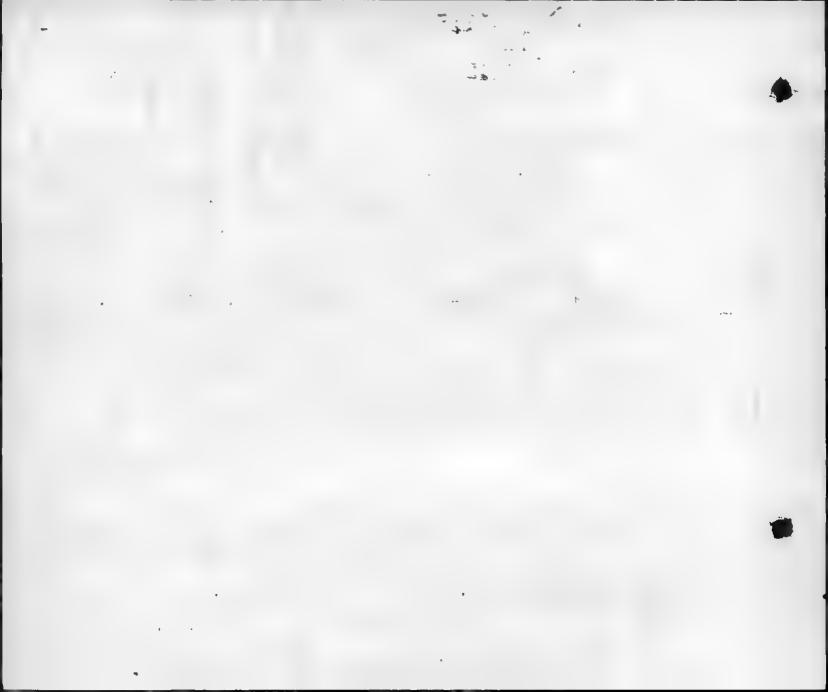
1246, REGISTRAR'S SIGNATURE White or Deliber to.

0 VS A1S (4) 1SM 10/57

FUNERAL DIR

ottending |

e nas been signed burial-transit permi



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH Somerset MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL ord give megrest lown) lofe Venton, Md. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS YES NOTE Middle 4. DATE Month Day Florence May 15 Reese 58 DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost by thoay) Months Days July 3,1878 white WIDOWED [ DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSEWITE Marvland U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mateldia Renshaw Henry Causey IS. WAS DECEASED EYER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address Dames Quarter. Md. E.C.Sutter M.D. INTERVAL BETWEEN ONSET AND DEATH Arterieselerotie heart disease 24 days **DUE TO** DUE TO

no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 4. au.v Conditions, if ony, which gave rise to immediate cottsm (o), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? YES NO TE 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.)

complet Ö and pgu ofter COL á permit. pup burial, be dete DIRECTO prior RAL DIR should FUNER page 0

di

o. COUNTY

NAME OF

DECEASED

MEDICAL

20c. TIME OF INJURY Month,

p. m.

Hour o. m.

alive on

ACTUAL

PHYSICIAN'S

NAME (Type)

BENTY Becify)

(Type or print)

female

filed

within

VS A15 (4)

HOPPITAL

Everett C.Sutter MD 22b. DATE THEREOF 220 BURIAL CREMATION. 5/18/58

Day, Year

21. I certify that I attended the deceased from.

22c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery

20d INJURY OCCURRED

Not while of work of work

While

Mt. Vernon, Md.

4∞22∞55, 19 ta 5∞15∞68 , 19 that I last saw the deceased

ADDRESS (Street, city or town, stote)

Dames Quarter, Maryland

(Stote)

(Stote)

DATE SIGNED

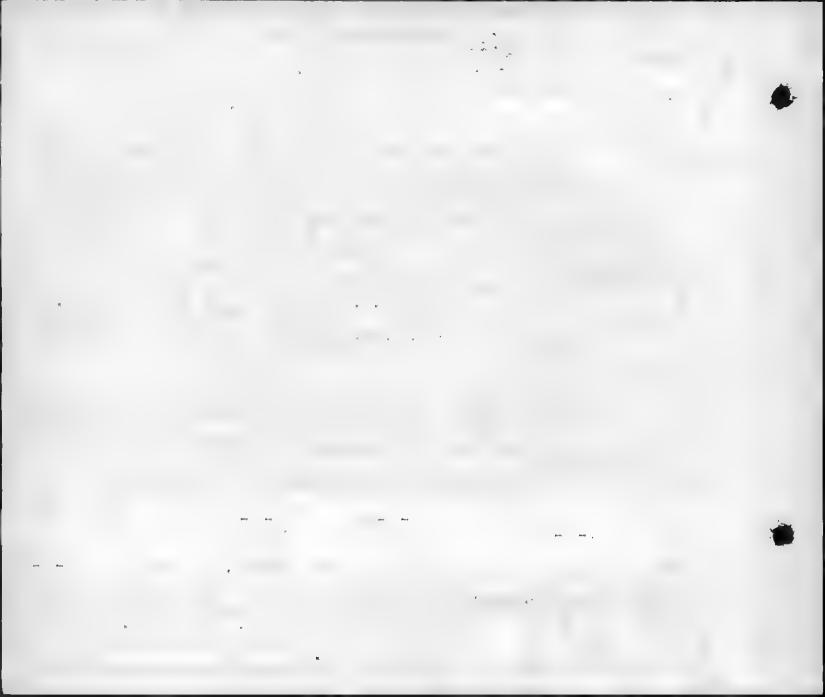
5 to 18 to 5

(County)

**ADD RESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Princess Anne. DATE MAY

20e. PLACE OF INJURY (Home, farm, 20f. (City or town)

factory, street, office bldg., etc.)



	director,	filed with	
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	the ful	plands	
	l in by	and 2	
	ly filled	lages 1	
	his certificate has been signed by the attending physician and campletely filled in by the ful	use as the burial-transit permit. Then please remove carbon papers. Bages 1 and 2 shalld be filed	oth
	on ond	corbon	office no
	physici	етоме	hours
	Iltending	please r	emotion or removed and in any event within 72 hours effect though
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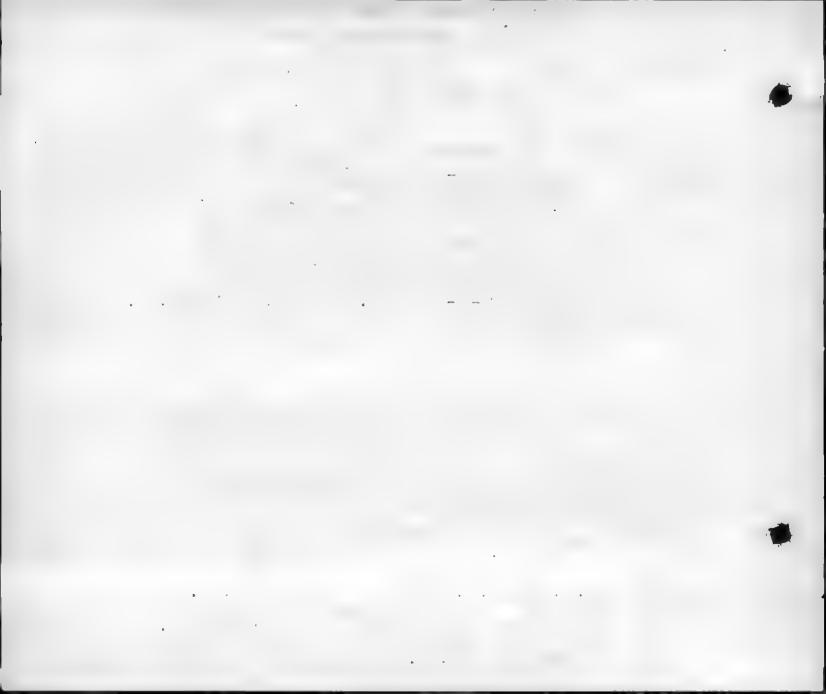
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MAR	14	STAT

E DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 

Reg. Dist. NO 6137

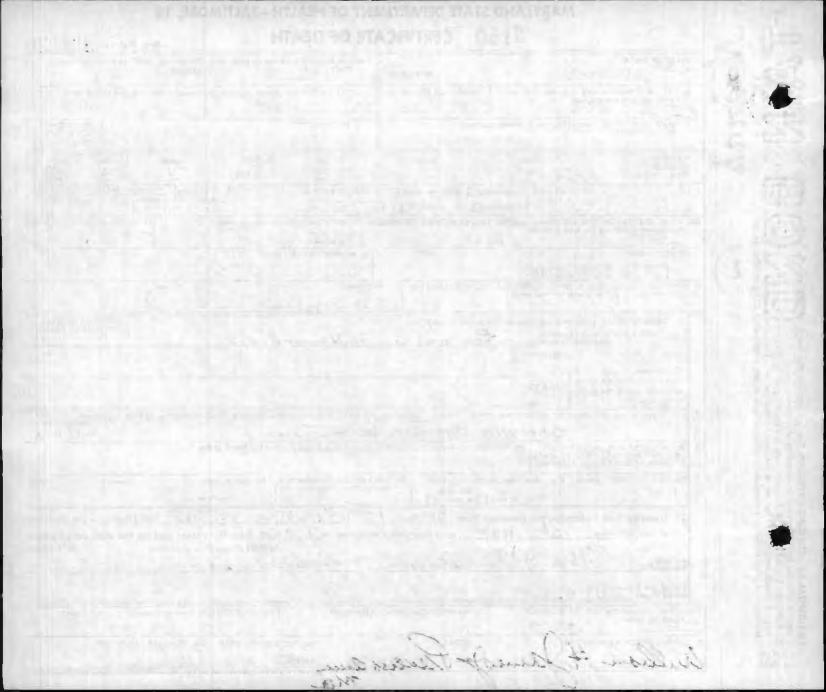
1. PLACE OF DEATH o. COUNTY	Somerset		MARYLAND	2. USUAL RES	Mary]		d lived If instituti b COUNTY	on Residence Somer	e before	odmiss-	on)
b CITY OR TOWN (i RURAL and give m	f outside corporate limi earest lown) Crisfield	ts, write	c. LENGTH OF STAY IN 16 Lifetime	c. CITY OR		corporate corporate field	orate limits, write R	URAL and gr	ve neare	st town	)
d. NAME OF HOSPIT OR INSTITUTION	At (if not in hospital, g Troy Road	ive street i	oddress)	d STREET		Road					FARM?
3. NAME OF DECEASED (Type or print)	For ROX		Middle	STERLING	st	4. DATE OF DEATH	Mor May	13,	Doy		rear 1958
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRT	Н	<u></u>	9. AGE (In years	IF UNDER T	YEAR IF		
Male	White	WIDOWE	_	March 2	8, 188	32	last birthdoy) 70 yrs.	Months I	Days I	Hours	Min
Wa terms	ting life, even if retired	Sone 10b.	KIND OF BUSINESS OR IND Seafood	Cris	field,	or foreign o			ZEN OF	WHAT	COUNTRY
13 FATHER'S NAME	Torono Mesha	0	·	14. MOTHER'S			_				
NO MAN DECEMBER	Isaac Tub				ie Ste	er.Tin6					
(Yes, no or unknown)	None	21		informant	Sterli	ing, (	Add Crisfield				
	TH [Enler only one co	use per lin	ne for (o), (b), and (c).]							VAL BET	
PAKI I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	)	Coronary	Inzanf/	ر مه يالا	,				A1.78	
	DUE TO	1				4				,	
Conditions, if or		1-1/1	- 3 La 5-12 - E	ap Corner	_ <	(,	_ f s }		,		
tying couse lost	the <u>under-</u> DUE TO	)	(1)	c ti	- (				142	_/_:	
PART H OTH	FER SIGNIFICANT CON	J	ONTRIBUTING TO DEATH BE	UT NOT RELATED TO	THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PART		PERFOR	AUTOPSY RMED? NO []
OR CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED <sup>1</sup> (Enter nature o	of injury in F	Port I or Pa	rt II of item 18.)				
20c. TIME OF INJUR Hour o. m p. m.	Y Month, Day, Yeo	While	Not while of work	PLACE OF INJURY ( factory, street, office	Home, form a bldg., etc.	20f (Cit	y or lown)	(Co	ounty)		(Stote)
21. I certify th	at I attended the	decease	ed from	1/ 19.57	/, to}	200,	13., 1957	,that Lla	ast saw	the i	decease
alive an	me 2 /3	, 19	and that dea	th accurred at	1300	ŹM, frai	m the causes o	an th	e date	state	d abave
ACTUAL	1///	,	,	,	,		treet, city or town,	stole)		DA	TE SIGNED
SIGNATURE	(11)	. /	3 4 1; 4	_M.D	- 4/- c	1/1	17.6/ 1			1/1	115
PHYSICIAN'S NAME (Type)	A. N. Ba	rr, l	1. D.		Cri	sfield	d, Md.				
220 BURIAL, CREMATIO REMOVAL (Specify) BUTIET	May 15,		200 NAME OF CEMETERY Asbury Ceme			Crisi	field, Md	or county)		(Stole	:1
23. FUNERAL DIRECTOR			ADDRESS		24a. REC'I	D BY BECK	TRAP 245 PCC	STAR'S SIGI	TATURE		
H. Harvey	Bradshaw,	Cris	field, Md.		DATE MA	Y 1 6	58	A eau	eh		



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18						
5	6149 CERTIFICATE OF DEATH  Reg. Dist. No. () 613						
M	1. PLACE OF DEATH COUNTY COUNTY SCIENCE (Where deceased lived If astitution Residence before admission) STATE Laryland Somerset						
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)						
	P.I.CELS AW. E 67 Years P.INCESS AW. E						
	d. NAME OF HOSPITAL (If not an hospital, give street oddress) OR INSTITUTION  d. STREET ADDRESS ON A FARM? YES Q NO						
	3. NAME OF First Middle Lost 4. DATE Month Day Year						
	(Type of print) HESTER STEV. MSON DEATH SHOW B 8 1970						
	5. SEX   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9 AGE (DA your   IF UNDER 1 YEAR IF UNDER 24 HR						
	Female Colored WIDOWED DIVORCED 8/8/1001 66 yrs. Months Doys Hours Min						
	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNT during most of working life, even if refired)						
	HOUSE VIEW OLS I WORK (F. RULAL)						
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
	LETTON ADAMS SUSTE ?						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address						
	(Yes no. or unknown) (If yes, give wor or dates of service) 273-T6-7268 WILD 1 STRV 21SOF PRINCESS ATTER NO. 30						
	1B. CAUSE OF DEATH [Enter only one couse per line for Act, (b), and (c)]						
	PART I DEATH WAS CAUSED BY. Juliumary Edina ONSET AND DEATH						
	DUE TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	( conditions, if only, which) in the pertensine ( archi Vas aufar Mesegne 5 yrs						
	gove rise to immediate DUSTO						
	lying cause tost. (c) There tori cosis						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINERS						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work o						
	Hour o. m.  While Not while foctory, street, office bldg., etc.)						
	21. I certify that I attended the deceased from July , 1954, to may 5 , 1958, that I last saw the decea						
	alive on Way 7, and that death occurred at 1:03 AM, from the causes and an the date stated about						
	ADDRESS (Street, city or town(, s)pite)  DATE SIGN						
	SIGNATURE 15 Jambs Jaganets no 20 Prina William 84 May 6,1						
,	DENIE CONTRACTOR OF THE PROPERTY OF THE PROPER						
1	PHYSICIAN'S B. TRAIV IN CO-1/6 & 10/1						
	220 BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole)						
	TEMOVI AREST TITLE ID						
	23 FUNE PLANE LADORESS A 240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE						
1	Willebre H. Humes TV. Ruces One TVIN DATE						
	MAY 158 Stofewark						

I we was to make I make the second it

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  6150 CERTIFICATE OF DEATH  BOT DIE No. 0619						
led with	Reg. Dist. No. 1513  1. PLACE OF DEATH o. COUNTY SOMERSET  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE ARYLAND b. COUNTY SOMERSET						
should be fi	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) PRINCESS ANNE X						
00 2 240	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION  e. 15 RESIDENCE ON A FARM? YES \ NO \( \bigcircle{\						
	3. NAME OF DECEASED (Type or print) SIP STEVENSON 4. DATE Month Day Year OF DEATH 12.						
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours Min.						
dealh.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  112. CITIZEN OF WHAT COUNT  113. D. T.						
[1]	13. FATHER'S NAME  SMITH STEVENSON  CAROLINA HANGIS						
2 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ENFORMANT Address    Yes, no, or unknown    If yes, give wor or dotes of service)   ADDIE STEVENSON FRINCESS A RESULT.						
ent within	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  INTERVAL BETWEEN ONSET AND DEATH 18 7775						
	Conditions, if ony, which gove rise to immediate couse (a), stoting the under-						
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WE PE YES						
	OR CONTRIBUTING CLOUSE OF DEATH						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. While Not while of work of work of work of work of work of work of work.						
	21. I certify that I attended the deceased fram 17 and 10, 1958, to May 15, 1958, that I last saw the deceased alive an May 15, and that leath accurred at 7 27 and the causes and an the date stated about a course (Siree), city or lown, state)  ACCURATE SIGN						
	PHYSICIAN'S ELDON G. MARKMAN						
D.	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote)  BURIAL Specify) 5/18/58 .TOHN LISTEV PRINCESS ANNE MO						
8	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  DATE MAY 1 9 '58  ADDRESS  DATE MAY 1 9 '58  ADDRESS  ADDRESS  DATE MAY 1 9 '58						



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6143 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 16141)

1. PLACE OF DEATH o. COUNTY	Somerset	MARYLAND	- CTATE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Samerset			
b. CITY OR TOWN RURAL and give	(If outside corporate limits, vinearest town) Crisfield	rile c. LENGTH OF STAY IN 16 Lifetime		c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) Iown)  Crisfield			
d. NAME OF HOSP OR INSTITUTION	17AL (If not in hospitol, give		d. STREET ADDRESS 19 E. Chesapeake Ave.			e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	AL ICE	ELIZABETH	WILSON	4. DATE MO OF DEATH MR.Y	31	Day Year 1958	
s. sex Female		MARRIED NEVER MARRIED DIVORCED DIVORCED	March 8, 189	9. AGE (In years lost birthday) 04 yrs	Months Doy	AR IF UNDER 24 HRS.  TS Hours Min.	
10a. USUAL OCCUPAT during most of wa Housew	rking life, even if relired)	106, KIND OF BUSINESS OR INC.  At Home		e or foreign country); Anne, Md.	U S	A A	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
40	John H. Pac	ekard	Mary Ha	rdester			
1S. WAS DECEASED EV	/ER IN U. S. ARMED FORCES (If yes, give war or dates of service		INFORMANT Trs. Leroy Hin	man19 E. Che	dress esapeake	Ave	
	EATH [Enter only one couse EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (0). (b), and (c).] The Myor	arlitis .	Crisfiel	,	NTERVAL BETWEEN DISET AND DEATH	
Conditions, if	ony, which ) (b)	Eurone neplin	ntic E Vire	min		forver	
gave rise to couse (o), stoling lying couse lost	g the under (c)	Fassur E	orgiction	ber-views di		Transita	
PART II. O	THER SIGNIFICANT CONDIT	upetion, freter	ting Topy, BC		IVEN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO	
200. ACCIDENT WORK CONTRIBUTION	VAS UNDERLYING 1201 IG 12 CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port II of item 18.)			
PART II. O  COLOR OF THE PROPERTY WORK CONTRIBUTING  (IF EITHER, NOTIF  HOUR O. M.  HOUR O. M.	10 1	20d. INJURY OCCURRED 20e. While Not while of work of work	PLACE OF INJURY (Home, for factory, street, office bldg., et	(c.)	(Coun		
21. I certify alive an	that I attended the de	•		M, from the causes ADDRESS (Street, city or town	and an the		
	A. N. Barr, 1	M. D.	Main	StCrisfield	i, Md.		
220. BURIAL, CREMATE REMOVAL (Specif Burial	June 3,195	22c. NAME OF CEMETERY Crisfield		Crisfield,		(Stole)	
23. FUNERAL DIRECTO		ADDRESS -Crisfield, Md.	24g. REC		ISTRAR'S SIGNA	TURE	

CD DESTRUCTION All Alle as been . M gitte sengeled a restricted. es, ordered in the market are , , The system of the state of the ALL THE SECTION OF TH